JRIMS 2026-27

JR INSTITUTE OF MEDICAL SCIENCES

Hatta Telipati Road, Imphal East, Manipur

Form NO.

APPLICATION FOR ADMISSION TO D. PHARM, MRIT. BAOTT, MLS (2026-27)

(To be filled in and tick with Black ink ball pen)

Paste Recent Passport Size Photographs (4 Nos.)

1. Name in full :
   (in Block Letter)

2. (i) Father's /Guardian's Name:

   (ii) Mother's Name:

   (iii) Whether Father /Mother is a Regular Government Employee? **Yes/No**
   (If yes enclose Regular Employee Certificate/ID Card)

3. Date of Birth: 4. Gender (M/F/O) 5.Blood Group: RH(+/-) ve

6. Category (UR/SC/ST/OBC): 7. Aadhaar Number:

8. If Physical Disable:
   (a) Nature of physical Disability :

   (b) Degree of Physical Disability:

9. Permanent Address:

   PIN: State:

   Phone:

   Email

10. Present Address:

    PIN: State:

    Phone:

    Email:

11. Nationality: 12. Country:

13. State of Domicile:

14. Visible Identification Marks:

15. Academic Record:

Name of the Examination	Year of Passing	Class/ Division	% of Marks	Aggregate	Name of Board/University	Subject (s) Offered	Roll No.

*Photocopiers of self attested mark-sheet and certificate of the HSLC, Higher Secondary(10+2),and others should be Enclosed .(**2 Copies each**)*

16. Annual Income of the Parent /Guardian: ☐
(from concerned authority)

DECLARATION BY THE APPLICATION

I declare that entries made in this from and the document submitted by me in support of the application are true in all respects and in case of any entry or information or document found false/untrue, there shall be auto-matic cancellation of my admission beside rendering me liable to such an action as the institute may deem fit.

I also undertake that I will be regular to all my classes throughout years and I will maintain a minimum of 75% attendance as per the rule of the institute .l I am aware of that if 75% attendance is not maintained is all Subjects , I will not be allowed to appear for the university examinations.

I shall abide by the rule and regulation enacted by the institute authority from time to time

Place :
Date :

Signature of the Applicant

DECLARATION BY THE PARENT / GUARDAIN

I Certify that the statements made by my son/daughter/ward and whose photographs appears on this form are Correct and I shall be responsible for any act committed by my son/ daughter/ ward against the institute rules

Place :
Date :

Signature of the Parent/ Guardain
Contact no. ☐

FOR OFFICE USE ONLY

Original Documents have been verified and Recommended /not recommended for admission

Date :

Principal
JR Institute of Medical Sciences
JRIMS

Nodal Officer
JR Institute of Medical Sciences
JRIMS